## PUBLIC COMMENT - REQUEST TO SPEAK/REGISTER ver pour eg sign

PLEASE PRINT *Name & Address are required	
NAME: Dayis C. Bala	DATE: May 10,2023
ADDRESS: 645 Cosey Bled	PHONE:
CITY: Dral COUNTY: Dwal	STATE: FL ZIP: 32211
REPRESENTING: First Cogst Rowing als	
SIGNATURE:	I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Channe	Maylor maintenace/

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PARTICIPATION ON 2023-0271 BEFORE A VOTE 160 PARTICIPATION ON 2023-0271 BEFORE A VOTE 160
PLEASE PRINT *Name & Address are required
NAME: JOHN T. NOONEY DATE: 5/10/2023
ADDRESS: 8356 BAICON RA. PHONE: 904-434-0839
CITY: TACKSONVILLE COUNTY: DUVAL STATE: FL. ZIP: 32216
REPRESENTING: POTTS BURG CREEK PUBLIC PARK-POSITION DISTRICT
SIGNATURE: John Mooney I DO NOT WISH TO SPEAK
PARTICIPATION 2023-0271
COMMENTS FROM THE PUBLIC SUBJECT:
MARROUR WATERWAY DEPROPERT STRE'S DIFFE IT

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

## PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required	
NAME: Stonley Pipos	DATE: 5/10/23
ADDRESS: 11554 Starboard Dr	PHONE:
CITY: 16cksonville COUNTY: Paral	STATE: FL ZIP: 32225
REPRESENTING: Harbour Woterway Special	Pistrict
SIGNATURE: Alenter 18 Pegir	I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Answer (	Diestion for
Ord - 2023(†0271)	

SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES PER SPEAKER.</u>
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

CHAIRMAN HOWLAND-THANK YOU FOR RECOGNIZING PUBLIC PARTICIPATION
2013-0271 HARBOUR WATERWAY DEPENDENT SPECIAL DIST.

PUBLIC COMMENT - REQUEST TO SPEAK/REGISTER

PLEASE PRINT \*Nome & Address one required.

PLEASE PRINT *Name	& Address are required		
NAME: JOHN PHILA	NAMEDPIC RESILIENCY/	VOONEY DATE: 5/10/2	023
ADDRESS: 8356 B	BALCOM RA.	PHONE: <u>9</u>	04-434-0839
CITY: TACKSONVIL	COUNTY: 1	DUVAI STATE: F	L_ ZIP: 32216
REPRESENTING: PEN	DR NEAT DEP COT	EPB DR GRASS, STI	RWMD, TAC
SIGNATURE: John	Rooney Ju.	UNF, ID	O NOT WISH TO SPEAK
19-442 GOD DESI	PUTIS - FREIGNOM KRET - CUND \$1.00 # 1290 POTTS! EPUBLIC SUBJECT: POTTS!	Tourism:	11 to Panita and pan
CONVELLMAN KE	SIN CARRICO DISTR		Parson.
PRIVATE SPONSORS	CHIP-THERE ARE OVER	2,500 BilliONAI	RES IN THE WORLD
SPEA	KING TIME IS LIMITED TO <u>TH</u> KER MAY GIVE OR TRANSFER	HREE (3) MINUTES PER SPE	AKER.
ON THE OF PEAD WITH PA	THE PART OF THE PAST OFF		